

IN THE UNITED STATES DISTRICT COURT FOR THE
MIDDLE DISTRICT OF ALABAMA
DIVISION

RECEIVED

2006 FEB 22 A 9:57

MARVIN Thompson

Plaintiff(s),

CIVIL ACTION NO.

3:06CV160-WKW

vs.
Lieutenant Steven Woods
Officer Larry Clark

Defendant(s).

COMPLAINT

1. Plaintiff(s)' address and telephone number: Lanett Police Department
Lanett Alabama 36863 334 644 5222
2. Name and address of defendant(s): LANETT Police Department
Lanett ALABAMA 36863 334-644 5222
3. Place of alleged violation of civil rights: At or near 16th CT
Lanett ALABAMA 36863
4. Date of alleged violation of civil rights: February 3rd 2006
February 17th 2005 Feb 2006 Feb 2006
5. State the facts on which you base your allegation that your constitutional rights have been violated: It was said and officer Clark did violate my Constitutional rights by virtue of race profiling and stereotyping details. (1) Violation of my IV Amendment rights by unlawful search and seizure of my person and vehicle. On 11/17/05 and 2/3/06 to include causing injury to my left hand causing nerve damage to my two fingers due to hand cuffs and unreasonably prolonged sitting in police vehicle handcuffed behind my back while searching my vehicle without consent or warrant of probable cause; and again Harassing, and Citing me unlawfully

6. -Relief requested: ① That this Court would Investigate and subpoena all tickets, Arrests, incidents and disciplinary Action results Arising from ~~these~~ these officers especially (Lt Steven Woods) time in service as police officers, to establish racial profiling, Stereotyping, Harassment and disciplinary reprimands against the African American Community including the Plaintiff and provide all FOI Material to Plaintiff etc. find Defendants liable to Plaintiff for Injury Sustained by handcuffs.
- ③ to ~~Pay~~ Plaintiff's Medical Expenses, DR. visits loss of pay from Employment past and present at Plaintiff's pay rate from Feb 2006 to Date of Decision ~~by~~ by the Court and until Plaintiff can be released to work by Physician.
- Cont-

Date: Feb 20th 2006

Marvin Thompson
Plaintiff(s) Signature

- CONT -
Relief Requested

2/20/06

③ cont

That Lt. Steven wood's be terminated from the Lanett Police Department and made to attend Counseling for race discrimination and unlawful use of authority, and be made to reimburse any and all complainants past and present, for the unlawful acts implemented by him towards African Americans and other people of color.

④ That punitive and Compensatory Damages be assessed against the City of Lanett; to include all the authorities over Lt: Steven woods and Harry ^{officer} Clark and Lt Steven woods and Officer Larry Clark individually for Plaintiffs pain and suffering degradation, humiliation, embarrassment, etc for the Sum of \$750,000.00; to further deter the actions of any other law enforcement officer from racial profiling stereotyping, injuring, embarrassing or humiliating any other Citizen, tax paying or otherwise.

Plaintiff would respectfully request the right to reserve time to later submit and additional names for co-defendants or ETAL defendants.



EMERGENCY ROOM - OUTPATIENT RECORD

PATIENT NUMBER **B42754** TYPE **E/R** PATIENT NAME **THOMPSON MARVIN C** AGE **45** SEX **M** DATE OF SERVICE **02/06/06** TIME **14:55** CLINIC INT. **EMP**

ADDRESS - LINE 1 **2268 15TH AVE S** ADDRESS - LINE 2 **LANETT** CITY **LANETT** STATE ZIP CODE **AL 36863** TELEPHONE **334-576-6296**

PATIENT SSN **421921829** BIRTHDATE **11/12/60** PATIENT EMPLOYER **LANETT MILL PLANT** ADDRESS **PO BOX 370 LANE** TELEPHONE **706-645-4709**

INSURANCE COMPANY **LANETT MILL PLANT** CONTRACT OR GROUP NUMBER **PO BOX 370 LANE** DATE **02/03/06** PLACE **ILLNESS**

GUARANTOR NAME **THOMPSON MARVIN C** GUARANTOR ADDRESS **2268 15TH AVE S** CITY **LANETT** STATE ZIP CODE **AL 36863** GUAR. TELEPHONE **334-576-6296**

GUARANTOR EMPLOYER **LANETT MILL PLANT** GUARANTOR OCCUPATION **PO BOX 370 LANE** GUAR. EMPLOYER ADDRESS **PO BOX 370 LANE** GUAR. EMP. TELEPHONE **706-645-4709**

PREV. SERVICE **328862** PREV. SERV. DATE **09/22/91** IF MINOR - PATIENT NAME **131891** ADMISSION/2ND PHYSICIAN **PERRONE BA/NO LOCAL M**

Arrival Time: _____ Time Seen: _____ Height **10** Weight **225**

Allergies: **NKA** Meds: **DDX**

CC: _____

PMH: ☐ CHF ☐ CA ☐ SH: Tobacco ☐

☐ HBP ☐ CVA ☐ OTHER ☐ ETOH ☐

☐ DM ☐ Asthma ☐ Drugs ☐

Physical Exam Time ☐ Exam ☐ COPD ☐ LMP _____

☐ CBC ☐ CHEM7 ☐ UA ☐ C&S

☐ WBC ☐ Na ☐

☐ Hgb ☐ K ☐

☐ Hct ☐ Cl ☐

☐ CO2 ☐

☐ BUN ☐

☐ Creatinine ☐

☐ Glucose ☐

☐ Chem 22 ☐

☐ ABG ☐

☐ pH ☐

☐ pO2 ☐

☐ pCO2 ☐

☐ Ptc ☐

☐ hCO3 ☐

☐ AMYLASE ☐

☐ CO2 ☐

☐ QUICK STREPT ☐

☐ SED RATE ☐

☐ Saturation ☐

☐ CK wise ☐

☐ TYPE & SCREEN ☐

☐ TYPE & CROSS ☐

☐ PACKED CELLS ☐

☐ OTHER ☐

☐ MONITOR ☐

☐ Serum ☐

☐ Pregnancy ☐

☐ Urine ☐

☐ Pregnancy ☐

☐ Serocult ☐

☐ Ec Cult ☐

☐ Vag Cult ☐

☐ Chl Cult ☐

1st. visit Centerline.

TREATMENT: ☐ IV _____ /hr.

☐ TPA PROTOCOL

acc urog. - L. int.

RHYTHM **1785**

INTERPRETATION **1785**

X-RAYS: ☐ CXR ☐ SKULL ☐ EXT.

☐ RIB ☐ EXT.

☐ KUB ☐ C-SPINE

☐ CT ☐

☐ IVP ☐

☐ U/S ABD ☐

☐ GB ☐

☐ BELVIS ☐

CERTIFIED EMERGENCY

☐ YES ☐ NO

SIGNATURE OF PHYSICIAN

ADMIT ☐ DC ☐ TRANSFER ☐

IMP ☐ STABLE ☐ EXPIRED ☐

TO ATTENDANT

PHYSICIANS SIGNATURE

DATE **2.6.06**

PATIENT SIGNATURE

DATE

Emergency Department Patient Disposition

Discharge Date/Time: 1/6/06 Condition: Stable D/C'd To: ☒ Home ☐ Nursing Home ☐ Other: _____
 Admitted to Room: _____ Method: amb Report Given To: _____ Date/Time: _____
 Discharge VS: T _____ P _____ R _____ BP _____ / _____ Outcome: _____
 Transferred To: _____ Via: _____
 Receiving Facility House Supervisor called @ _____ name: _____ Bed Available: _____
 MD Accepting Pt: _____ Report called to: _____
☐ Medication Samples Provided ☐ Education on sample medications provided by MD.
 Information Sheet Provided amb pt ed sheet
 Reviewed Rx/Med Teaching: Naprosyn + Medrol 2000 Pack Rxs
☒ Verbalizes understanding of educational instructions
 Discharge Instructions Given To: pt Follow-up MD: Meka
 Referrals: ☐ Orthopedic Clinic ☐ Surgical Services ☐ Social Services ☐ Support Group ☐ Pastoral Care ☐ Patient Educator ☐ Dietician
☐ PT/OT ☐ DHR ☐ Other: _____
 Valuables Returned: ☐ Watch ☐ Glasses/Contacts ☐ Wallet ☐ Dentures ☐ Ring ☐ Hearing Aid ☐ _____
 Location of Valuables: ☐ Patient ☐ Family ☐ Safe _____
 D/C Nurse Signature: Kerl PO
 D/C Nurse Name (typed): _____
 Pt Name: _____ Pt #: _____ MR #: _____ DOB: _____ Age: _____

842754 RE- 131891 P/T-R/R
 THOMPSON HARVIN C M 45
 2268 15TH AVE SW LANETT AL
 PERONE BA NO LOCAL N
 NO LOCAL N 02/06/06 B/D 11/12/60